

**OFFICE OF THE FEDERAL DEFENDER  
EASTERN DISTRICT OF CALIFORNIA  
801 I STREET, 3rd FLOOR  
SACRAMENTO, CALIFORNIA 95814  
(916) 498-5700 Fax: (916) 498-571**

*Daniel J. Broderick  
Federal Defender*

*Linda Harter  
Chief Assistant Defender*

June 20, 2006

**FILED**

**JUN 20 2006**

CLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
BY \_\_\_\_\_  
DEPUTY CLERK

Mr. John P. Balazs  
Attorney at Law  
916 Second Street, Suite F  
Sacramento, CA 98514

Re: **U.S. v. Juan Alberto Serrano**  
Cr.S-03-448-FCD

Dear Mr. Balazs:

This will confirm your appointment as counsel by the Honorable Frank C. Damrell, U.S. District Judge, to represent the above-named appellant. You are attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Enclosed is CJA 20 form, your Order of Appointment and Voucher for services rendered. Also enclosed is an instruction sheet discussing the use of the forms, together with sample forms for reporting court time. This will also provide a uniformity in the way attorneys report their time and services rendered.

If we may be of any further assistance regarding the processing of the enclosed form, preparation of form CJA 21 for expert services, or in reference to any other matter pertaining to this case, please feel free to call upon us at any time.

Very truly yours,

CYNTHIA L. COMPTON  
CJA Panel Administrator

:clc  
Enclosures

cc: Clerk's Office  
Court of Appeals

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

<b>1. CJA/DIST./DIV. CODE</b> 09C		<b>2. PERSON REPRESENTED</b> Serrano, Juan Alberto		<b>VOUCHER NUMBER</b>																																																																																																																																																																				
<b>3. MAG. DKT./DEF. NUMBER</b>		<b>4. DIST. DKT./DEF. NUMBER</b> Cr.S-03-448-PCD		<b>5. APPEALS DKT./DEF. NUMBER</b>																																																																																																																																																																				
<b>7. IN CASE/MATTER OF (Case Name)</b> U.S. v. Serrano		<b>8. PAYMENT CATEGORY</b> Appeal		<b>9. TYPE PERSON REPRESENTED</b> Appellant																																																																																																																																																																				
<b>10. REPRESENTATION TYPE</b> CA																																																																																																																																																																								
<b>11. OFFENSE(S) CHARGED (Cite U.S. Code, Title &amp; Section)</b> If more than one offense, list (up to five) major offenses charged, according to severity of offense. Criminal Appeal																																																																																																																																																																								
<b>12. ATTORNEY'S NAME (Print Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS</b> John P. Blazs, Esq. 916 Second Street, Suite F Sacramento, CA 98514 Telephone Number: (916) 447-9299			<b>13. COURT ORDER</b> <input type="checkbox"/> 0 Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Fee For Federal Defender <input type="checkbox"/> H Fee For Retained Attorney <input type="checkbox"/> P Fee For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has notified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other: _____ Signature of Presiding Judicial Officer or by Order of the Court: <u>[Signature]</u> 6/5/06 Date of Order: _____ Payment or partial payment ordered from the person represented for this service at time of appointment: <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																																																					
			<b>14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)</b> _____																																																																																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">CATEGORIES (Attach itemization of services with dates)</th> <th>HOURS CLAIMED</th> <th>TOTAL AMOUNT CLAIMED</th> <th>MATH/TECH ADJUSTED HOURS</th> <th>MATH/TECH ADJUSTED AMOUNT</th> <th>ADDITIONAL REVIEW</th> </tr> </thead> <tbody> <tr> <td rowspan="8" style="writing-mode: vertical-rl; transform: rotate(180deg);">IN COURT</td> <td>a. Arraignment and/or Plea</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Bail and Detention Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Motion Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Trial</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Sentencing Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. Revocation Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>g. Appeals Court</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>h. Other (Specify on additional sheets)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">(Rate per hour = \$ 92 ) TOTAL:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="5" style="writing-mode: vertical-rl; transform: rotate(180deg);">OUT OF COURT</td> <td>a. Interviews and Conferences</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Obtaining and reviewing records</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Legal research and brief writing</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Travel time</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Investigative and Other work (Specify on additional sheets)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">(Rate per hour = \$ 92 ) TOTAL:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">17. Travel Expenses (lodging, parking, meals, mileage, etc.)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">18. Other Expenses (other than above, if any, specify on additional sheets)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3"> <b>19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE</b>          FROM _____ TO _____       </td> <td colspan="2"> <b>20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION</b> </td> <td> <b>21. CASE DISPOSITION</b> </td> </tr> <tr> <td colspan="6"> <b>22. CLAIM STATUS</b> <input type="checkbox"/> Paid Payment <input type="checkbox"/> Interest Payment Number _____ <input type="checkbox"/> Supplemental Payment          Have you previously applied to the court for compensation under reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO          Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets.          I swear or affirm the truth or correctness of the above statements.          Signature of Attorney: _____ Date: _____       </td> </tr> <tr> <td colspan="2">23. IN COURT COMP.</td> <td colspan="2">24. OUT OF COURT COMP.</td> <td colspan="2">25. TRAVEL EXPENSES</td> </tr> <tr> <td colspan="2">26. OTHER EXPENSES</td> <td colspan="2">27. TOTAL AMT. APPR / CRYT</td> <td colspan="2"></td> </tr> <tr> <td colspan="4">28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER</td> <td colspan="2">29a. JUDGE / MAG. JUDGE CODE</td> </tr> <tr> <td colspan="2">29. IN COURT COMP.</td> <td colspan="2">30. OUT OF COURT COMP.</td> <td colspan="2">31. TRAVEL EXPENSES</td> </tr> <tr> <td colspan="2">32. OTHER EXPENSES</td> <td colspan="2">33. TOTAL AMT. APPROVED</td> <td colspan="2"></td> </tr> <tr> <td colspan="4">34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in name of the summary financial officer.</td> <td colspan="2">34a. JUDGE CODE</td> </tr> </tbody> </table>						CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW	IN COURT	a. Arraignment and/or Plea						b. Bail and Detention Hearings						c. Motion Hearings						d. Trial						e. Sentencing Hearings						f. Revocation Hearings						g. Appeals Court						h. Other (Specify on additional sheets)						(Rate per hour = \$ 92 ) TOTAL:							OUT OF COURT	a. Interviews and Conferences						b. Obtaining and reviewing records						c. Legal research and brief writing						d. Travel time						e. Investigative and Other work (Specify on additional sheets)						(Rate per hour = \$ 92 ) TOTAL:							17. Travel Expenses (lodging, parking, meals, mileage, etc.)							18. Other Expenses (other than above, if any, specify on additional sheets)							<b>19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE</b> FROM _____ TO _____			<b>20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION</b>		<b>21. CASE DISPOSITION</b>	<b>22. CLAIM STATUS</b> <input type="checkbox"/> Paid Payment <input type="checkbox"/> Interest Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation under reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____						23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES		26. OTHER EXPENSES		27. TOTAL AMT. APPR / CRYT				28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER				29a. JUDGE / MAG. JUDGE CODE		29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES		32. OTHER EXPENSES		33. TOTAL AMT. APPROVED				34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in name of the summary financial officer.				34a. JUDGE CODE	
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW																																																																																																																																																																		
IN COURT	a. Arraignment and/or Plea																																																																																																																																																																							
	b. Bail and Detention Hearings																																																																																																																																																																							
	c. Motion Hearings																																																																																																																																																																							
	d. Trial																																																																																																																																																																							
	e. Sentencing Hearings																																																																																																																																																																							
	f. Revocation Hearings																																																																																																																																																																							
	g. Appeals Court																																																																																																																																																																							
	h. Other (Specify on additional sheets)																																																																																																																																																																							
(Rate per hour = \$ 92 ) TOTAL:																																																																																																																																																																								
OUT OF COURT	a. Interviews and Conferences																																																																																																																																																																							
	b. Obtaining and reviewing records																																																																																																																																																																							
	c. Legal research and brief writing																																																																																																																																																																							
	d. Travel time																																																																																																																																																																							
	e. Investigative and Other work (Specify on additional sheets)																																																																																																																																																																							
(Rate per hour = \$ 92 ) TOTAL:																																																																																																																																																																								
17. Travel Expenses (lodging, parking, meals, mileage, etc.)																																																																																																																																																																								
18. Other Expenses (other than above, if any, specify on additional sheets)																																																																																																																																																																								
<b>19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE</b> FROM _____ TO _____			<b>20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION</b>		<b>21. CASE DISPOSITION</b>																																																																																																																																																																			
<b>22. CLAIM STATUS</b> <input type="checkbox"/> Paid Payment <input type="checkbox"/> Interest Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation under reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____																																																																																																																																																																								
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES																																																																																																																																																																				
26. OTHER EXPENSES		27. TOTAL AMT. APPR / CRYT																																																																																																																																																																						
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER				29a. JUDGE / MAG. JUDGE CODE																																																																																																																																																																				
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES																																																																																																																																																																				
32. OTHER EXPENSES		33. TOTAL AMT. APPROVED																																																																																																																																																																						
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in name of the summary financial officer.				34a. JUDGE CODE																																																																																																																																																																				

## UNITED STATES DISTRICT COURT

EASTERN District of CALIFORNIA

### NOTICE OF APPEAL

United States of America,  
Plaintiff,

-vs-

D.C. Docket Number: CR-S 03-448-FCD

Juan Alberto Serrano,  
Defendant.

Hon. Frank C. Damrell  
(U. S. District Judge)

Notice is hereby given that defendant Juan Alberto Serrano in the above named case hereby appeals to the  
United States Court of Appeals for the Ninth Circuit from the judgment of

( ) conviction only (Fed.R.Crim.P. 32(b))

( x ) conviction and sentence

( ) sentence only (18 U.S.C. § 3742)

( ) order (specify) \_\_\_\_\_

filed May 26, 2006

Sentence imposed: 3 years probation; \$5,000 fine; \$100 SA

Bail status: out-of-custody

DATE: June 5, 2006

/s/ John Balazs  
(Counsel for Appellant)  
Address: John Balazs, Attorney At Law

916 2nd Street, Suite F

Sacramento, CA 95814

Telephone No. 916-447-9299

Name of court reporter: Jill McLeod/Sandra Von Haenal

Transcript required: x Yes      No CJA APPOINTMENT x